

## County Elected Officials Training Incentive Program Training Approval Request Form

Training Approval Requested B	y:	
Mailing Address:	Fax:	
Contact Person:		
	ing event agenda showing all times of training s	sessions and any breaks given
Training Title:		
Training Dates:		
Vendor(s):		
Training Locations:		
Training Contact:	Phone:	
E-mail:	Fax:	
Indica	ate selections below by checking the corresponding i	
Training Intended for:	Registration Fees:	Proof of Attendance:
Fiscal Court	YES Amount \$	Sign-In / Out Sheets
County Clerk	NO	Certificate
Sheriff	Maximum Number of Participants:	Other:
Jailer		
All		
Signature	Date:	
	gn and return along with a detailed course agenda to	Governor's Office for Local
Development, County Officials Traini	ing Program, 1024 Capital Center Drive, Suite 340,	Frankfort, KY 40601
Phone: 800-346-5606		Website: www.gold.ky.gov
	FOR GOLD USE ONLY	
Approved	Date:	Hours:
Approved		



County Elected Officials	Training Title:
Training Incentive Program  Training Approval Request Form	Training Date:
Page Two	
Describe the learining objectives and how	the content pertains to improving job knowledge or skills.
List Trainers:	
Qualifications	
Describe the materials to be provided to the	he trainees:
This training is a requirement for:	List KRS, KAR or other cite:
Fiscal Court	
County Clerk	
Sheriff	
Jailer	
All	

Has this training been specifically designed for Kentucky's county elected officials?

YES

NO

